

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7		2				
8	1					
9	1					
10	1					
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50						
TOTAL IND.	5					
TOTAL DEP.		15				
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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